


I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated February 4, 2005 Signature: 
(Jason G. Wenstraub, M.S.)

Docket No.: NCI-006DV2
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**RECEIVED
CENTRAL FAX CENTER**

FEB 10 2005

In re the application of: Weaver *et al.*

Group Art Unit: 1624

Application No.: 09/932,676

Examiner: Rao, Deepak R

Filed: August 16, 2001

For: Anti-Epileptogenic Agents

Attorney Docket No.: NCI-006DV2

RESPONSE TO FINAL OFFICE ACTION

Via Facsimile
MS After Final
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the final Office Action (Paper No.13) mailed from the U.S. Patent and Trademark Office on January 14, 2004 in the above-referenced patent application, Applicants provide the following remarks/arguments

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

FAX TRANSMISSION**RECEIVED
CENTRAL FAX CENTER****FEB 10 2005**

DATE: February 10, 2005
CLIENT NO.: NCI-006DV2
MESSAGE TO: Examiner Rao Re. Application No. 09/932676
COMPANY: United States Patent and Trademark Office
FAX NUMBER: (571) 273-0672
PHONE: (571) 272-0672
FROM: Jacob G. Weintraub, M.S.
PHONE: (617) 227-7400

PAGES (Including Cover Sheet): 18**HARD COPY TO FOLLOW:** ☐ YES ☒ NO**MESSAGE:** Thank you.

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

Auto-Reply Facsimile Transmission



TO: Fax Sender at 6177424214

Fax Information

Date Received:

Total Pages:

2/4/2005 12:01:26 PM [Eastern Standard Time]

15 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page

=====>

04-Feb-05 12:01 PM From:LAHIVE & COCKFIELD, LLP 6177424214 T-029 P.02/18 F-149	
FAX TRANSMISSION	
DATE: February 4, 2005	
PTO IDENTIFIER: Application Number 02/034870-Civil #2005-7 Patent Number Applicant: Donald F. WEAVER et al.	
MESSAGE TO: US Patent and Trademark Office FAX NUMBER: (617) 273-4200	
FROM: LAHIVE & COCKFIELD, LLP Jacob G. Warrick, M.S. PHONE: (617) 507-1900 Attorney Reg. No. NC1-000122	
PAGES (including Cover Sheet): 12	
CONTENTS:	Response to Final Office Action (10 pages) Fee Transmittal (1 page) in duplicate Non-Compliance Transmittal (1 page) Certificate of Transmittal (1 page)
<p>If your receipt of this transmission is in error please notify the firm immediately by calling (617) 507-1900 and the original transmission to us by return mail at the address below.</p> <p>This transmission is intended for the sole use of the individual or entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or disclosure of this transmission by anyone other than the intended addressee or its designated agent is strictly prohibited.</p> <p style="text-align: center;">LAHIVE & COCKFIELD, LLP 28 State Street, Boston, Massachusetts 02109 Telephone: (617) 227-7400 Facsimile: (617) 742-4214</p>	
PAGE 113 * RCVD AT 2/4/2005 12:01:26 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-1/26 * DNIS:2730672 * CSID:6177424214 * DURATION (mm-ss):05-18	

Confirmation Report-Memory Send

Time : 04-Feb-05 12:06pm
 Tel line 1 : 6177424214
 Tel line 2 : 6177424214
 Name : LAHIVE & COCKFIELD, LLP

Job number : 855
 Date : 04-Feb 12:01pm
 To : 2#292#15712738300-99
 Document Pages : 15
 Start time : 04-Feb 12:02pm
 End time : 04-Feb 12:06pm
 Pages sent : 15
 Job number : 855

*** SEND SUCCESSFUL ***

FAX TRANSMISSION	
DATE: February 4, 2005	
PTO IDENTIFIER: Application Number 09/839676 Conf. #5147 Patent Number Inventor Donald F. WEAVER et al.	
MESSAGE TO: US Patent and Trademark Office FAX NUMBER: (571) 273-8200	
FROM: LAHIVE & COCKFIELD, LLP Jacob C. Weintraub, M.S. PHONE: (517) 227-7400 Attorney Dkt. #: NCI-006DVJ	
PAGES (including Cover Sheet): 15	
CONTENTS:	Response to Final Office Action (10 pages) Fee Transmittal (1 page in duplicate) Amendment Transmittal (1 page) Certificate of Transmission (1 page)
<p>If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (517) 227-7400 and send the original transmission to us by return mail at the address below.</p> <p>This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.</p> <p style="text-align: center;">LAHIVE & COCKFIELD, LLP 28 State Street, Boston, Massachusetts 02109 Telephone: (517) 227-7400 Facsimile: (517) 742-4214</p>	

FAX TRANSMISSION**DATE:** February 4, 2005**PTO IDENTIFIER:** Application Number 09/932676-Conf. #5947
Patent Number**Inventor:** Donald F. WEAVER, et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP
Jacob G. Weintraub, M.S.**PHONE:** (617) 227-7400**Attorney Dkt. #:** NCI-006DV2**PAGES (Including Cover Sheet):** 15**CONTENTS:** Response to Final Office Action (10 pages)
Fee Transmittal (1 page in duplicate)
Amendment Transmittal (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

PTO/6B/97 (08-04)
Approved for use through 07/31/2006 OMB 0651-0031
U. S. Patent and Trademark Office, U. S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

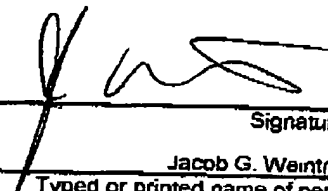
Application No. (if known): 09/932676

Attorney Docket No.: NCI-006DV2

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

on February 4, 2005
Date



Signature

Jacob G. Weintraub, M.S.

Typed or printed name of person signing Certificate

56,469

Registration Number, if applicable

(617) 227-7400

Telephone Number

Note Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Response to Final Office Action (10 pages)
Fee Transmittal (1 page in duplicate)
Amendment Transmittal (1 page)
This Certificate of Transmission (1 page)

FEB 10 2005

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 7/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$)		300.00	
--------------------------------	--	------	--	--------	--

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) _____

☒ Deposit Account Deposit Account Number 12-0080 Deposit Account Name Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
28	- 23 = 5	50.00	300.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 3 =		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	150		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Signature		Registration No. (Attorney/Agent)	Telephone
		56,469	(817) 227-7400
Name (Print/Type)		Date	
Jacob G. Weintraub, M.S.		February 4, 2005	

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below

Dated: February 4, 2005

Signature:

(Jacob G. Weintraub, M.S.)

COPY

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 7/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PTO/SB/17 (12-04v2)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT		(\$)		300.00	
--------------------------------	--	------	--	--------	--

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account
Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
29	23	6 x 50.00	300.00

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1	3	x	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
-----------------	-----------------------

SUBMITTED BY

Signature	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type): <u>Jacob G Weintraub, M.S.</u>	<u>56,489</u>	<u>(617) 227-7400</u>
		Date: <u>February 4, 2005</u>

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated, February 4, 2005

Signature:

(Jacob G. Weintraub, M.S.)

FEB 10 2005

AMENDMENT TRANSMITTAL LETTER				Docket No NCI-006DV2	
Application No. 09/932676-Conf. #5947		Filing Date August 16, 2001		Examiner D. R. Rao	
Art Unit 1624					
Applicants Donald F. WEAVER <i>et al.</i>					
Invention: ANTI-EPILEPTOGENIC AGENTS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	29	- 23 =	6	x 50	300.00
Independent Claims	1	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					300.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>300.00</u> A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
_____ Jacob G. Weintraub, M.S. Registration No. 58,469 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400 Attorney or Agent Under 37 CFR §1.34				Dated: <u>February 4, 2005</u>	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS AF, Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated February 4, 2005 Signature _____ (Jacob G. Weintraub, M.S.)					